



15. a. Are sub-contractors used: Yes <input type="checkbox"/> No <input type="checkbox"/>	b. Is proof required they have CGL insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>
16. a. Describe work that is sub-contracted out:  b. Provide names of usual sub-contractors hired:	
17. a. Have you had any claims in the last 5 years? If so, please provide details:  b. Have you been involved in any major losses at any time? If so, please provide full details:	
18. a. Prior Insurer: d. Expiry date: f. If yes please advise why:	c. Policy No. e. Ever cancelled by an Insurer?    Yes <input type="checkbox"/> No <input type="checkbox"/>
19. a. Insurance Coverages Requested: b. Insured value per vessel: c. Insured value per location at construction site: d. Insured value per location for inventory: e. Protection and Indemnity limit of liability per vessel:	

Agent's Name and Address: \_\_\_\_\_

Agent / broker's signature: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

By signing this application the applicant declares that all information contained herein is accurate and true to his/her knowledge and understands that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. By signing this application the applicant also grants permission for the Insurer, Broker, or their representatives to verify that the above information contained in this application is true.